

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023673

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 57

Primary Registration District No. 5589

Registrar's No. 97

FILED JUN 22 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Union Township		c. CITY OR TOWN Kansas City North	
Length of stay in 1b min.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA McCune-Carthage Hosp		d. STREET ADDRESS (If outside, give location) 3202 E. 83rd	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle DON SKINNER Last		4. DATE OF DEATH Month June Day 16, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-32
9. AGE (last birthday) 29		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) empl. Corn Products Refining Co		11. BIRTHPLACE (City and state or country) Bartlesville, Okla	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Tom Skinner	
13b. MOTHER'S MAIDEN NAME Mabel Elliott		14. NAME OF HUSBAND OR WIFE Eva Shaw Skinner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes Korean		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT J. L. Shaw		Address 5400 E 50th St No. 33 Kansas City, North, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock		INTERVAL BETWEEN ONSET AND DEATH instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushing internal injuries			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broken Radius Right		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car-truck head-on collision	
20c. TIME OF INJURY Hour 11:05 a.m. Month, Day, Year 6-16-62	Accident happened 1 mile east Fidelity Corner on Highway 166		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 166	20f. CITY, TOWN, OR LOCATION SE Carthage	COUNTY Jasper STATE Missouri
21. I attended the deceased from did not attend and last saw him alive on		Death occurred at approx. 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Randall Fisher D.S. CORNER		22b. ADDRESS Joplin, Mo	22c. DATE SIGNED 6-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-18-62	23c. NAME OF CEMETERY OR CREMATORY No. 6 Cemetery	23d. LOCATION (City, town, or county) near Pautett, Mo Buchanan County, Mo.
24. FUNERAL DIRECTOR Knell Mortuary		ADDRESS Carthage, Mo	25. DATE RECD. BY LOCAL REG. 6-17-62
		26. REGISTRAR'S SIGNATURE W. Elliott	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR - 8 1963

JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H Knell

Licensed Embalmer No. _____

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.